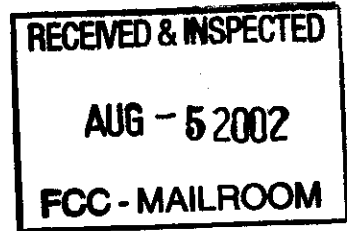


Henderson County School District
David W. Johnson, Director of Technology

PO Box 189—35 Wilson Street
Lexington, TN 38351
E-mail JohnsonD@k12tn.net
Phone 731-968-3661—Fax 731-968-9457

DOCKET FILE COPY ORIGINAL



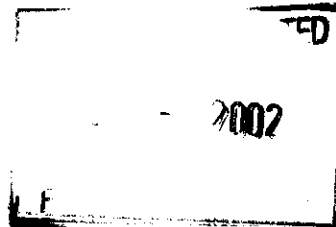
July 26, 2002

Letter of Appeal

Federal Communications Commission
Office of the Secretary
445 12th Street SW
Washington, DC 20554

RE: cc docket nos. 96-45 and 97-21

Henderson County School District
Billed Entity Number - 128480
Applicant's Form Identifier: 39005
Form 471 Application Number: 330834
Form 470 Application Number: 33790000399003



In our form 471 for year 5, we filed two block 5 funding requests for telecommunication service. One service provider was BellSouth and the other was TDS Telecom. The block 5 requests for TDS Telecom item 11 was checked for Telecommunication Service, but block 5 items 11 was inadvertently left off of page 1 of 2 for BellSouth. Block 5 Item 11 should have been checked beside "Telecommunication Service". This was a simple oversight on our part and should be corrected.

The form 470 listed was only eligible for telecommunication service. Furthermore, the Item 21 attachment included a spreadsheet with the phone numbers listing for which E-Rate support was requested. We feel the program administrator had the information available to determine the type of service requested.
We have attached copies of the Form 471 Block 5 and the Item 21 attachment.

It is on this basis that we ask the Commission to refer this application back to the Program Administrator for appropriate funding for the Henderson County School System.

Thank You,


David W. Johnson

No. of Copies rec'd 0
List ABCDE

Attached: Copies of Block 5 of Form 471 and a copy of the attachments for item #21 phone number listings.

Entity Number <u>128480</u>	Applicant's Form Identifier <u>39005</u>
Contact Person <u>David W. Johnson</u>	Phone Number <u>731-968-3661</u>

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

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11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>2002-5-390</u> 16 Billing Account Number (e.g., billed telephone number) <u>731-968-3661</u>
12 Form 470 Application Number (15 digits) <u>337930000399003</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>01/10/2002</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143004824</u>	18 Contract Award Date (mm/dd/yyyy) <u>01/11/2002</u> 19a Service Start Date (mm/dd/yyyy) <u>07/01/2002</u> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2003</u>
14 Service Provider Name <u>Bell South</u>	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2007</u>
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>01390</u>	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-01390</u>	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
3160.00	0	3160.00	12	37920.00	0	0	0	37920.00	70%	26544.00

Entity Number <u>128480</u>	Applicant's Form Identifier <u>39005</u>
Contact Person <u>David W Johnson</u>	Phone Number <u>731-968-3661</u>

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

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11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (If available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <u>2002-5-390A</u> 16 Billing Account Number (e.g., billed telephone number) <u>731-549-3145</u>																																												
12 Form 470 Application Number (15 digits) <u>33790000399003</u>	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>01/10/2002</u>																																												
13 SPIN - Service Provider Identification Number (9 digits) <u>143001637</u>	18 Contract Award Date (mm/dd/yyyy) <u>01/11/2002</u> 19a Service Start Date (mm/dd/yyyy) <u>07/01/2002</u> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2003</u>																																												
14 Service Provider Name <u>TDS Telecom</u>	20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2007</u>																																												
21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>02390</u>																																												
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-02390</u>																																												
23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>828.00</td> <td>0</td> <td>828.00</td> <td>12</td> <td>9936.00</td> <td>0</td> <td>0</td> <td>0</td> <td>9936.00</td> <td>70%</td> <td>6955.20</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	828.00	0	828.00	12	9936.00	0	0	0	9936.00	70%	6955.20
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828.00	0	828.00	12	9936.00	0	0	0	9936.00	70%	6955.20																																			

Entity Number 128480
Contact Person David Johnson

Applicant's form Identifier ~~29051~~ 39005
Phone 901-968-3661

ATTACHMENT NUMBER 01390

PAGE 1 OF 2

LOCATION	NUMBER	TOTAL
BARGERTON	968-8575	\$1,317.22
	968-1266	\$329.88
	968-7484	\$824.65
	968-9498	\$384.52
	TOTAL	\$2,856.26

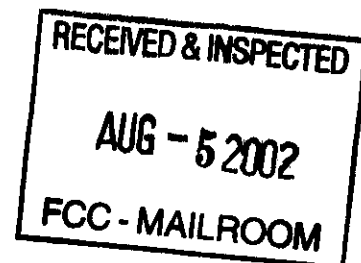
LOCATION	NUMBER	TOTAL
BEAVER	968-2109	\$1,006.01
	968-2365	\$605.92
	968-9706	\$348.92
	968-1677	\$350.39
	TOTAL	\$2,311.24

LOCATION	NUMBER	TOTAL
L.H.S.	968-1977	\$1,037.15
	968-9399	\$394.92
	968-1909	\$704.17
	968-1656	\$284.17
	968-9351	\$1,028.17
	968-2961	\$2,015.54
	968-4533	\$301.43
	968-1081	\$402.52
	968-6805	\$613.01
	968-7336	\$602.32
TOTAL	\$7,383.40	

LOCATION	NUMBER	TOTAL
PIN OAK	968-5140	\$619.29
	968-1261	\$391.83
	968-9490	\$370.48
	968-7341	\$719.44
	TOTAL	\$2,101.04

LOCATION	NUMBER	TOTAL
SOUTH HAVEN	968-6529	\$1,317.22
	968-9705	\$329.88
	968-6890	\$824.65
	968-1270	\$384.52
	TOTAL	\$2,856.27

LOCATION	NUMBER	TOTAL
WESTOVER	968-9846	\$1,317.22
	968-1364	\$329.88
	968-9699	\$824.65
	968-8236	\$384.52
	TOTAL	\$2,856.27



Entity Number 128480
Contact Person David Johnson

Applicant's form Identifier ~~30051~~ 39005
Phone 901-968-3661

ATTACHMENT NUMBER 01390

PAGE 2 OF 2

H.C.B.O.E.	NUMBER	TOTAL
	968-3661	\$4,741.23
	967-9527	\$1,917.27
	968-6725	\$648.49
	968-6848	\$1,347.96
	968-9457	\$390.46
	968-6886	\$1,045.69
	968-1256	\$566.58
	968-1664	\$592.36
	968-3757	\$450.36
	968-2251	\$2,263.03
	968-1010	\$544.73
	968-0700	\$539.28
	968-4609	558.096
	968-8007	669.493
	968-1200	612.205
	968-5402	662.772
	TOTAL	\$17,550.01

GRAND TOTAL	\$37,914.49	\$26,161.00
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Entity Number 128480		Applicant's Form Identifier 39005	
Contact Person David Johnson		Phone 901-968-3661	
ATTACHMENT NUMBER 02390		PAGE 1 OF 1	
SCOTTS HILL ELEM.	NUMBER	TOTAL	
	549-3169	\$698.23	
	549-3145	\$3,900.39	
	549-2550		
	549-9436		
	549-2430		
	TOTAL	\$4,598.62	
SOUTH SIDE	NUMBER	TOTAL	
	549-3718	\$1,015.33	
	549-2431	\$0.00	
	549-2105	\$326.67	
	TOTAL	\$1,342.00	
SCOTTS HILL HIGH NEW FACILITY		\$4,000.00	
Grand Total TDS Telecom		\$9,940.62	

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